Rational Pharmaceutical Management Plus
Finalization and Dissemination of the Rapid Assessment of Antimalarial Drug Availability and Use in Nigeria, February 2005: Trip Report

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About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Contents

Acronyms

ACT	Artemisinin-based Combination Therapies
AFRO	WHO Africa Regional Office
AIDS	Acquired Immune Deficiency Syndrome
CDC	US Centers for Disease Control
CMS	Central Medical Stores
COMPASS	Community Participation for Action in the Social Sectors
CQ	Chloroquine
DFID	Department for International Development
DMA	Drugs Management Agency
EDL	Essential Drugs List
EDM	Essential Drugs and Medicines
EDP	Essential Drugs Program
ENHANSE	Ensuring HIV & AIDS, TB and Social Sector Environment
FDS	Food and Drugs Services
FMOH	Federal Ministry of Health
GDO	General Development Officer
GFATM	Global Fund to Fight AIDS, Tuberculosis & Malaria
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
IPT	Intermittent Preventive Treatment
LGA	Local Government Area
MAC	Malaria Action Coalition
MAL	Malaria
MNH	Maternal and Neonatal Health Program
MSH	Management Sciences for Health
NAFDAC	National Agency for Food and Drugs Administration and Control
NIPRD	National Institute for Pharmaceutical Research and Development
NMCP	National Malaria Control Program
NPHCDA	National Primary Health Care Development Agency
NPO	National Professional Officer
PBN	Pharmacists' Board of Nigeria
PCN	Pharmacists' Council of Nigeria
PHC	Primary Health Care
RBM	Roll Back Malaria
RPM Plus	Rational Pharmaceutical Management Plus
SP	Sulphadoxine Pyrimethamine
TA	Technical Assistance
TB	Tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization

Background

More than 90% of the clinical cases of malaria each year occur in Africa with much of the burden in children under five years of age. Pregnant women are especially at risk and strategies to decrease the morbidity in this group have been found to be effective. Interventions to address these challenges must be implemented in collaboration with programs aimed at integrated approaches to childhood illness and reproductive health.

Management Sciences for Health's (MSH) Rational Pharmaceutical Management Plus (RPM Plus) Program has received funds from USAID to develop strategies to implement malaria policies and to provide technical assistance in pharmaceutical management issues for malaria. RPM Plus is a key technical partner in the USAID Malaria Action Coalition (MAC), a partnership among four technical partners: The World Health Organization (WHO), working primarily through its Africa Regional Office (AFRO), the US Centers for Disease Control (CDC), the former Maternal and Neonatal Health Project (MNH) recently replaced by the ACCESS Program of JHPIEGO, and RPM Plus.

RPM Plus has been working to improve pharmaceutical management for malaria in countries in Africa by identifying and addressing the causes of poor access, ineffective supply, and inappropriate use of antimalarials. RPM Plus has developed and applied tools to assess pharmaceutical management for malaria and has worked to provide technical assistance to countries by working with policymakers, researchers, managers, and providers in the public and private sectors to implement new and proven interventions.

In October 2002 the USAID/Nigeria mission provided funds to MAC to enable support to the Federal Ministry of Health's Roll Back Malaria (RBM) activities. In October 2003, RPM Plus participated in a joint MAC team visit to Nigeria to develop a joint workplan for the MAC and to determine the specific role of RPM Plus in the coordinated effort to assist Nigeria achieve the Abuja targets. One of the activities determined was for RPM Plus to undertake a rapid assessment of antimalarial drug availability and use in Nigeria. This rapid assessment, aimed at determining the major pharmaceutical management challenges to the introduction of Artemisinin-based Combination Therapies (ACTs), was carried out in collaboration with WHO (AFRO and Nigeria country offices) and the National Malaria Control Program (NMCP) of the Federal Ministry of Health in February – March 2004. The assessment addressed the availability of essential antimalarial drugs in both public and private sector facilities. A draft assessment report which defined the status of the pharmaceutical system and identified bottlenecks in the antimalarial drug flow system and appropriate points of intervention within the system was produced. The report was reviewed by RBM in-country stakeholders in Nigeria for their technical input.

Purpose of Trip

Gladys Tetteh from RPM Plus traveled to Abuja, Nigeria, to meet with RBM stakeholders to finalize the rapid assessment report and to disseminate it through a workshop.

Scope of Work

The scope of work for Gladys Tetteh on this trip was to:

- Meet with WHO Nigeria Country Office National Professional Officers for Malaria and Essential Drugs and Medicine Policy
- Meet with key stakeholders in the pharmaceutical sector
- Disseminate the rapid assessment report through an FMOH-hosted workshop of RBM stakeholders
- Provide an arrival briefing and/or departure debriefing to USAID upon request

Activities

Meet with WHO Nigeria Country Office National Professional Officers for Malaria and Essential Drugs and Medicine Policy

A meeting was held with the WHO Country Office National Professional Officers for Malaria and Essential Drugs and Medicines Policy, namely Drs. Bayo Fatunmbi and Ogori Taylor. This meeting, held on February 1, 2005 at the WHO country office, was to delineate activities for RPM Plus's ten-day visit to Abuja. It was agreed that a meeting should be convened the same morning for RPM Plus to brief the WHO Representative (WR) for Nigeria on the purpose and planned outputs of the visit. Other meetings planned for the week included a briefing session with the RBM unit of the Federal Ministry of Health; a briefing session with USAID, Nigeria and meetings with key pharmaceutical sector stakeholders.

RPM Plus meeting with WHO Representative Dr. Mohammed Belhocine

At this meeting, the WR was briefed on the purpose and planned outcomes of RPM Plus's visit. The main objective of the visit – to finalize and disseminate the rapid assessment report on the availability and use of antimalarial drugs in Nigeria – was shared. The product of the visit would be the final report of the rapid assessment which would make recommendations for strengthening the pharmaceutical management system for the implementation of Nigeria's ACT policy. The targeted output was better understanding by the FMOH on how to strengthen the pharmaceutical management system for effective implementation of the ACT policy.

RPM Plus meeting with the National Malaria Control Program Coordinator- FMOH, Dr. Sofola and USAID Program Manager for Child Survival, Garba Mohammed Abdu

The NPO-MAL made introductions and explained that the RPM Plus visit was in response to a request by the MAC Nigeria country team. The NMCP coordinator introduced some members of the RBM unit and endorsed a separate meeting of RPM Plus with members of the unit who participated in field work for the rapid assessment. Planning for the dissemination workshop was initiated and it was agreed that Tuesday, February 9, 2005 would be a suitable date. A list of stakeholders for the workshop was drawn up.

RPM Plus was briefed on the status of the antimalarial treatment policy change process. It was noted that RPM Plus's visit was very timely as the assessment findings would guide the policy change and implementation process. The last week of January, 2005 saw RBM stakeholders in Nigeria reach consensus on the antimalarial drug policy as follows:

Category	Medication
1st Line	Artemether-Lumefantrine
2nd Line	-
Severe/Complicated Malaria	Quinine
Treatment of Malaria in Pregnancy	Oral Quinine (1st Trimester) Artemether-Lumefantrine (2nd / 3rd Trimester)
Prevention of Malaria in Pregnancy	Sulphadoxine-Pyrimethamine

Implementation of the new policy will be done in two phases following a preparatory phase. The preparatory phase is currently ongoing and focuses on the setting up of a transition committee with expertise to address the following broad areas:

- Drug registration, supply and management system
- Updating treatment guidelines, training materials and development of training approaches
- IEC/BCC and advocacy
- Monitoring and evaluation

Phase one of implementation beginning mid-February 2005 incorporates a pre-deployment phase (development, production and distribution of guidelines; training of health workers and other providers; advocacy and IEC activities; procurement of artemether-lumefantrine) and a deployment phase (deployment of artemether-lumefantrine to children under five years and pregnant women in 18 states to be supported by the Global Fund). The deployment phase incorporates the monitoring and evaluation of artemether-lumefantrine supply, distribution and use at community level.

Phase two implementation involves the progressive scaling up of artemether-lumefantrine deployment country-wide. Timelines for phase two are still being determined.

USAID welcomed RPM Plus to Nigeria and advised that it was important that a meeting be arranged between MAC partners present (RPM Plus and WHO) and two of the USAID programs under S013 *(Increased Use of Social Sector Services)* - Community Participation for Action in the Social Sectors (COMPASS[1]) and Ensuring HIV & AIDS, TB and Social Sector Environment (ENHANSE[2]). This meeting would enable the new programs get a feel of activities implemented under MAC and how to build on these.

[1] COMPASS is a new $95 million, five-year (2004-2009) United States Agency for International Development (USAID) program that supports integrated health and education activities in Nigeria. The program includes child spacing, safe motherhood, child health interventions and basic education. COMPASS will be implemented in four states – Bauchi, Kano, Lagos, and Nasarawa – and the Federal Capital Territory (FCT). The program will reach 50 Local Government Areas (LGAs): 14 in Lagos, 16 in Kano, 6 in Nasarawa, 8 in Bauchi, and 6 in FCT.

[2] The Enabling HIV/AIDS and Social Sector Environment (ENHANSE) Project is a new $19.2 million, five-year (2004-2009) program that will help create, strengthen and support the environment necessary for successful, social sector (health and basic education) and HIV/AIDS and TB programs in Nigeria. ENHANSE will focus on national level policy development and planning, but by working closely with USAID's new HIV/AIDS and TB and COMPASS cooperative agreements that are focused on improving HIV/AIDS, health and basic education service delivery and utilization, ENHANSE will also assist the Nigerian government to better link national, state and local level efforts.

Meeting for Malaria Treatment Guideline Review

RPM Plus was invited to participate in this meeting on February 1- 2, 2005. At this meeting, the national antimalarial treatment policy was finalized and the malaria treatment guidelines and training manuals were reviewed. RPM Plus provided technical inputs for pharmaceutical management issues during the discussions.

Provide an arrival briefing to USAID

A briefing meeting was held on February 2, 2005 at the USAID offices in Abuja. The following were present at this meeting:

Akua Kwateng-Addo	USAID Team Leader, Social Sector Services (SO13)
Garba Abdu	USAID Program Manager, Child Survival
Ann Odem	USAID Educational Program Manager
Nihinlola Mobogunje	COMPASS Senior Adviser, Malaria & Child Survival
Ebe Obi	ENHANSE Senior Adviser, Child Survival
Bayo Fatunmbi	WHO National Professional Officer for Malaria
Gladys Tetteh	RPM Plus Senior Program Associate

Dr. Tetteh of RPM Plus made a presentation of MAC's progress in Nigeria. The presentation introduced MAC and gave the rationale for its development, listed its technical partners and local partners, discussed the strategic objectives guiding the coalition, and described MAC's activities and accomplishments in Nigeria. The scope of work for RPM Plus's current visit was presented and a schedule of the work process shared. The presentation ended with a discussion on the way forward *(How will COMPASS and ENHANSE build on MAC activities?).*

USAID encouraged COMPASS and ENHANSE to participate in the dissemination seminar of the rapid assessment of antimalarial drug availability and use. A more detailed briefing meeting was planned between MAC/WHO and the two programs to further discuss MAC Nigeria activities in detail, share lessons learned and hold discussions on how to build on activities already implemented.

A discussion was held with regard to MAC partner pipelines and potential activities that this pipeline could be used to achieve. USAID encouraged WHO and RPM Plus to have discussions with relevant stakeholders and strategically plug into the transition phase of the antimalarial treatment policy change.

Meet with key stakeholders in the pharmaceutical sector

A series of meetings were held with key stakeholders in the pharmaceutical sector of Nigeria during the visit. The aim of the meetings was to discuss the assessment findings, fill in any gaps in the report (particularly those arising as a result of changes in the RBM and pharmaceutical sector programs), collect additional relevant documents and to brainstorm on the potential applications of the assessment findings.

Meeting with Field Team for the Rapid Assessment

This meeting held on February 2, 2005 reviewed the methodology used in the assessment and discussed the challenges identified during fieldwork. These challenges included:

- Time wasting and excessive travel stemming from numerous replacements of health facilities[3] on account of their non-existence or non-function status.
- Difficulty in tracking patient folders because the majority of facilities allow patients to take them home after they have collected their medicines
- Poor recordkeeping at the health facilities visited during the assessment
- The non-readiness of some states visited for the assessment because of inadequate notice of the survey
- Logistic constraints because teams had to pre-finance travel to data collection sites. This came about on account of a delay by WHO to obtain authorization for the release funds

Meeting with WHO Essential Drugs & Medicines Policy National Professional Officer

This meeting was held on February 2, 2005. Dr. Ogori Taylor, NPO/EDM Policy described Nigeria's pharmaceutical sector as being, to a great extent, undefined. Pharmaceutical supply of medicines is currently embedded in programs of the Federal Ministry of Health (FMOH) such as Malaria, Tuberculosis and HIV/AIDS. The World Health Organization is currently working with the FMOH and other stakeholders to revive the pharmaceutical sector. Although Federal Medical Stores are still existent, procurement of commodities is largely decentralized to hospitals at the tertiary level of the primary health care (PHC) system in Nigeria. In addition, although each one of the 36 states of the Federation has a state medical store which undertakes some procurement and distribution of commodities, facility-based procurement by secondary level PHC institutions is common. The wide variability across Nigeria of distribution systems at the state medical stores and local authority area levels demonstrates the complexity of pharmaceutical supply in the country. This complexity impacts directly on plans for the deployment of ACTs under the new antimalarial treatment policy.

Meeting with Food and Drugs Services Department, FMOH – Deputy Director

Mr. Joel Adagadzu on February 4, 2005 provided RPM Plus with an overview of activities of the department. Activities of the Food and Drugs Services (FDS) department include responsibility for:

- Sponsoring of all policy matters for food and drugs in Nigeria and all products regulated by the National Agency for Food and Drugs Administration and Control (NAFDAC)
- Ensuring that pharmaceutical care delivery services are provided at an optimal level in all tertiary, secondary and primary care facilities of the health care system
- Supervising functions of all its support-agencies such as NAFDAC, National Institute for Pharmaceutical Research and Development (NIPRD), Pharmacists' Council of Nigeria (PCN) etc.

[3] Health facilities were sampled from the 2001 Federal Register of Health Facilities prior to fieldwork.

- Providing technical support to all FMOH programs in which there are pharmaceutical components
- Collaboration with other organizations and international agencies working in the pharmaceuticals sector
- Ensuring more involvement of the FMOH in the area of traditional medicine

In addition, the FDS department is *statutorily* responsible for the procurement, storage, distribution and rational use of all pharmaceuticals and this includes monitoring of implementation of all aspects of these functions in Nigeria. This latter mandate is misplaced and the procurement of pharmaceuticals[4] using FMOH funds is being undertaken by public health programs and public health facilities. The FDS department is advocating for the ideal situation to be re-established in Nigeria: the existence of a central national procurement agency in place (for procurement, storage and distribution of pharmaceutical commodities) with support from the FMOH for its optimal functioning. Legislation is needed to mandate only the CMS to procure pharmaceutical commodities under the FMOH.

Meeting with staff of Central Medical Stores in four states (Borno, Cross River, Kano & Lagos)

These meetings were held on February 7 and 8, 2005. Staff of the Central Medical Stores (CMS) in the four states were interviewed and assessed in order to fill gaps in the report.

- **Borno State Central Medical Stores** – Mr. S.T. Jasini, General Manager for the Drug Revolving Fund scheme & Director of Pharmaceutical Services
- **Cross River State Essential Drugs Program** – Mr. Ntui Eret, Principal Pharmacist for Essential Drugs
- **Kano State Drugs Management Agency** – Mr. Tijjani A. Nasidi, Director for Drugs
- **Lagos State Staff Clinic Secretariat** – Mrs. M.O. Beckley[5], Assistant Director, Pharmacy

Borno State – The CMS is responsible for the procurement and distribution of pharmaceuticals for state health facilities. There is some level of decentralization in the form of facility-based procurement; however these facilities are given, by the MOH, a limit to which they can procure. The CMS distributes pharmaceuticals to local government authority medical stores, secondary and primary health care facilities, schools, army and police health facilities and mobile ambulance services. Distribution to health facilities is based on a simultaneous "pull" and "push" system. One group of health facilities requesting pharmaceuticals are supplied these according to their needs and the CMS pushes quantities of pharmaceuticals based on past consumption patterns to a second group of peripheral facilities on a monthly basis.

Major challenges identified include the need for training of medical stores staff in inventory control, pharmacy management and computer applications.

[4] The procurement of narcotics, anti-retroviral drugs and other centrally financed commodities such as breast milk supplements and vaccines is done by the FDS department of the FMOH.

[5] Mrs. Beckley is presently managing the stores at the staff clinic; however she has recently worked for the Lagos State Medical Stores for 7 years.

Cross River State – The Essential Drugs Program (EDP) of Cross River State is the body responsible for procurement of pharmaceuticals for all state health facilities. Procurement by the state government is jointly done with a private company, World Health Limited. State health facilities send a requisition form to the EDP which in turn supplies pharmaceutical commodities as requested. In addition, the EDP supplies pharmaceuticals to the local government authority medical stores, which in turn serve some of the primary health care facilities. Transport is borne by the receiving facility; however, the EDP makes available 5% of sales for transportation.

Major challenges include a shortage of stores personnel and logistic challenges for distribution.

Kano State – The Kano State Drugs Management Agency (DMA) makes pharmaceutical commodities available at all government health facilities and local government authority medical stores within the state. Cost recovery is achieved through a drug revolving fund. In addition the DMA distributes pharmaceuticals to 65 drug retail outlets. The drug management agency has no major problems that affect the movement of pharmaceuticals through the procurement and distribution system.

Main need identified is the training of staff in information technology.

Lagos State – Procurement and distribution of pharmaceutical commodities in Lagos State is decentralized to health facility level. Each facility's Drug Purchase Committee is given funds by the Ministry of Health. The Central Medical Stores however still has structures (including inventory management software) and staff in place for the handling of donated items.

Major pharmaceutical supply challenges include inadequate funding, inventory, storage and transport facilities. Major training needs of staff include inventory and stores management courses.

Briefing of the Directorate of Public Health, FMOH - Director

This meeting was held on February 7, 2005, to brief the Director of Public Health, Dr. E.A. Abebe on the purpose of the RPM Plus' visit and to seek consent on the content of the report to be disseminated to key stakeholders.

The director advised that the presence of all relevant stakeholders at the dissemination should be ensured. She informed RPM Plus and the NMCP coordinator that the government had very recently instituted a pharmaceutical management committee in the FMOH to help streamline and improve activities in pharmaceutical management under the Ministry. She expressed her desire for technical assistance to the committee and proposed to put the request in writing. The director suggested that RPM Plus make a presentation of the assessment findings to the Minister for Health, Professor Eyitayo Lambo. A presentation was therefore planned for delivery on February 9, 2005; however this did not occur because the Minister was committed to an emergency press conference scheduled to correct an erroneous statement in the newspapers advertising a ban on chloroquine use under the new ACT policy.

Meeting with the National Agency for Food and Drugs Administration and Control (NAFDAC) Chief Regulatory Officer, Directorate of Registration and Regulations

The regulation of the pharmaceutical sector is directed by the National Agency for Food and Drugs Administration and Control (NAFDAC) and the Pharmacists Council of Nigeria (PCN). NAFDAC regulates pharmaceutical products whilst the PCN regulates pharmaceutical premises and professional practice.

This meeting held on February 8, 2005 informed RPM Plus of NAFDAC's mission which is to safeguard public health by that ensuring good quality and safe regulated products are circulated in Nigeria. The agency fulfills its mission by controlling drug registration, marketing approval, manufacturing, importation, drug promotion and advertising.

NAFDAC issues marketing approval for pharmaceuticals sold in Nigeria only after evaluation of safety, efficacy and proof of manufacturing and use in country of origin. With support from the World Health Organization, NAFDAC currently has a computerized system for the registration of drugs. At present, the use of a registration number on all registered drugs is mandated. Currently, there are almost 4, 500 registered medicines in the country with about 83 of these being traditional medicines with proof of safety. The register also includes products not on the EDL but with demonstrated efficacy. The agency regularly publishes the list of registered drugs in the official gazette.

NAFDAC's other activities include:

- Regular inspection of drug manufacturing premises
- Regulation of promotion and advertisements of medicines
- Collection of information of adverse effects of both orthodox and traditional medicines
- Quality control of medicines
- Post market surveillance
- Enforcement

Meeting with Pharmacists' Council of Nigeria (PCN) Principal Pharmacist

RPM Plus met with Pharmacist Y. O Oseni on February 8, 2005. The Pharmacists Council of Nigeria (PCN) was set up in 1991-92 and was initially referred to as the Pharmacists Board of Nigeria (PBN). The Council is responsible for the licensing of all pharmacists in Nigeria, the registration and regulation of all pharmaceutical premises, and the regulation of professional practice of pharmacy. As such activities under the PCN include:

- Registration
- Inspection of pharmaceutical premises
- Accreditation of Colleges of Pharmacy within Nigerian Universities
- Accreditation of all Nigerian Schools of Technology

The effective regulation of traditional medicines remains a challenge for the pharmaceutical sector.

Meeting with National Primary Health Care Development Agency (NPHCDA) Assistant Chief

NPHCDA was started in 1992 and is a parastatal under the FMOH. The agency works to strengthen implementation of primary health care in country through support to local governments. In the meeting with Mrs. N. C. Nelson, RPM Plus learned that NPHCDA provides advocacy to policy makers in states and local governments, undertakes community mobilization (has officers attached to 6 zonal offices covering the 36 states), and coordinates the activities of development partners working at the PHC level.

Disseminate the rapid assessment report through an FMOH-hosted workshop of RBM stakeholders

A dissemination seminar was held on Tuesday, February 8, 2005 at the Rosebud Hotel in Abuja at 10 am. The seminar was attended by 36 representatives of stakeholders *(see Annex 1)* working in RBM and the pharmaceutical sector of Nigeria.

After opening remarks by Dr. T.O Sofola, the NMCP Coordinator, a presentation was made by Dr. Gladys Tetteh of RPM Plus. The presentation was well received and ensuing discussions concluded that:

1. The findings on availability of antimalarials are consistent with other studies done in Nigeria.
2. Procurement is decentralized because every facility wants to procure pharmaceuticals.
3. Distribution of pharmaceuticals is challenged by lack of resources and other logistic deficiencies.
4. Results such as those presented need to feed into the on-going health sector reform discussions.

The meeting recommended:

1. A follow up assessment for trend analysis
2. Kano data excluded in the calculation of Indicator 3 should be reversed and included into calculations of antimalarial drug stock-out
3. An in-depth follow-on assessment to determine the comparative advantage of existing different distribution systems. This assessment should be linked with cost of medicines to the patient.

Provide a departure debriefing to USAID

A debriefing meeting was held on February 8, 2005 with Garba Abdu of USAID. It was agreed that pharmaceutical management systems within the public sector needs an all-encompassing boost. An adequately functioning system would benefit all programs.

It was agreed that RPM Plus would make recommendations to the FMOH in the final draft of the rapid assessment report. Follow-on activities requested by the FMOH RBM unit and proposed to USAID were:

1. Capacity building for pharmaceutical and stores management – This would include the adaptation and production of pharmaceutical management training tools to the Nigerian context and technical assistance for a training of trainers workshop targeting store managers at the state and LGA levels

2. Facilitation of the transition management – RPM Plus will facilitate activities determined by the drugs registration, supply and management sub-committee

With regard to the remaining pipeline for WHO, it was agreed that Nigeria has a need for more copies of the orientation package for health care providers developed by MAC/JHPIEGO - "Malaria during Pregnancy in the context of Focused Antenatal Care".

A second meeting was held to debrief Lynn Gorton, General Development Officer (GDO), USAID/Nigeria. After a presentation of the assessment, findings, conclusions and recommendations; discussions were held on how to build on activities and achievements of the Malaria Action Coalition. The GDO recommended that RPM Plus meet with DELIVER since DELIVER is currently working with the FMOH to strengthen pharmaceutical management systems for the effective implementation of HIV/AIDS programs. The Department for International Development (DFID) is also about to embark on providing support[6] to the FMOH and if opportunities exist, it is hoped that MAC's work will dovetail with activities planned under DFID. It would be ideal if activities under DFID funding will encompass some of the systemic issues determined.

[6] DFID to provide support of approximately 85 million pounds over five years to the FMOH, Nigeria

Next Steps

Immediate Follow-up Activities

- Finalize rapid assessment report incorporating the pharmaceutical management recommendations *(shown in Annex 2)* to ensure the smooth implementation of the new ACT policy
- Collaboration with the FMOH/RBM unit to prepare for capacity building in pharmaceutical management
- Printing and dissemination of the rapid assessment report to USAID Nigeria and all relevant RBM and pharmaceutical sector stakeholders in the FMOH, Nigeria
- Facilitation of the transition management, particularly drug registration, supply and management, via e-mail

Annex 1

Dissemination Seminar Attendance List

	NAME	ORGANIZATION
1	Dr. E. A. Abebe	Director of Public Health
2	Dr. T. O. Sofola	NMCP Coordinator, FMOH
3	Mr. G. Abdu	USAID
4	Dr. B. S. Fatunmbi	WHO/MAL
5	Dr. Ogori Taylor	WHO/EDM
6	Pharm. S. T. Jasini	Borno State Medical Stores
7	Pharm. R. Ntui Eret	Cross River State Essential Drugs Program
8	Ms. B. Momoh	FMOH, RBM focal person for IEC/BCC
9	Mr. M.A. Aro	FMOH, RBM unit
10	Ms. C. Amajoh	FMOH, RBM focal person for ITNs
11	Dr. M.O. Williams-Ogbuigoe	Lagos State Ministry of Health
12	Mr. F.O. Okoh	FMOH, RBM unit
13	Dr. E. O. Nwokolo	FMOH, RBM focal point for Case Management
14	Pharm. M.O. Beckley	Lagos State Ministry of Health
15	Ms. O. A. Olanpeleke	FMOH, RBM unit
16	Dr. E.I. Odu	PATHS
17	Dr. U. Inyang	NIPRD
18	Dr. O. A. Salama	NIPRD
19	Ms. N.O. Nelson	NPHCDA
20	Mr. M. Alagbile	Society for Family Health
21	Dr. O. Ogunsanlu	Lagos University Teaching Hospital
22	Mr. T. A. Nasida	Kano State Drugs Management Agency
23	Mrs. M. Ebigbeyi	NAFDAC
24	Ms. G. Opusuju	FMOH, RBM unit
25	Mr. J. B. Odujoko	FMOH, RBM unit
26	Dr. T. Assoka	DFID
27	Ms. N. Agaegbu	FMOH, RBM unit
28	Mrs. Y.O. Oseni	Pharmacists Council of Nigeria
29	Pharm. R. F. Akanbi	FMOH, Food & Drugs Services department
30	Mr. O. Otsemobor	FMOH, RBM unit
31	Mr. S. O. Banjo	FMOH, RBM unit
32	Mr. G. N. Mbong	FMOH, RBM unit
33	Dr. E. Obi	ENHANSE
34	Mr. H. Molid	ENHANSE
35	Pharm. J. B. Adagadzu	FMOH, Food & Drugs Services department
36	Dr. G. Tetteh	MSH/RPM Plus

Annex 2

Recommendations of Rapid Assessment

RPM Plus pharmaceutical management specific recommendations to ensure the smooth implementation of the new ACT policy are as follows:

To the Federal Ministry of Health

- Evaluate further the pharmaceutical management system to determine best practices with respect to selection, procurement, distribution and rational use of medicines including antimalarials.
- Guide public pharmaceutical management practice by stating and implementing policy that would lead to the effective selection, procurement, distribution and rational use of medicines including antimalarials.
- Identify funding sources for procurement of artemether-lumefantrine to ensure that adequate quantities are made available.
- Assess suppliers, both local and international to ensure increased availability of artemether-lumefantrine.
- Attain competitive price of the artemether-lumefantrine using the *International Drug Price Indicator Guide* published by MSH in collaboration with the World Health Organization as a guide.
- Enforce drug quality through continuous monitoring by NAFDAC as the costs of artemether-lumefantrine will tend to encourage counterfeiting.
- Make available standard simple store management tools such as reporting forms, stock cards, ledgers etc. within federal, state and LGA stores and at all levels of the PHC system.

To the Roll Back Malaria Unit

- Advocate for bulk procurement of artemether-lumefantrine to ensure low purchase costs resulting in financially accessibility to the population.
- Integrate the distribution of artemether-lumefantrine under the new policy into existing systems to ensure sustainability
- Ensure adequate production and wide dissemination of new treatment policy and standard treatment guidelines amongst relevant stakeholders and to health facilities in both the public and private sectors of Nigeria. This will enable health workers in both sectors be conversant with the ACT regimens. The availability of these documents will give health workers assess to good reference material.
- Reinforce positive prescribing and dispensing behaviours by training and supporting providers, dispensers and shopkeepers in both public and private sectors
- Initiate training of relevant personnel in the medical stores and health facility stores at all levels of the PHC system to enable efficient pharmaceutical management of artemether-lumefantrine within the public sector. This would include record keeping, inventory and store management.
- Undertake effective demand creation for the introduction of artemether-lumefantrine.

- Continue to collaborate with managers of other sectors to ensure a coordinated approach to the delivery of effective malaria treatment and preventive measures by formal and informal practitioners.

To Pharmaceutical Sector stakeholders

- Advocate for and provide technical assistance to the FMOH for the establishment of efficient pharmaceutical management systems.
- Make available to the FMOH, federal, and LGA medical stores hard copies of the *International Drug Price Indicator Guide* published by MSH in collaboration with the World Health Organization for use as a reference.
- Provide support to training of relevant personnel in the medical stores and health facility stores at all levels of the PHC system to enable efficient pharmaceutical management within the public sector. This would include record keeping, inventory and store management.
- Work with the RBM unit to investigate franchising and accreditation of drug retail outlets

To the Donors

- Treat pharmaceutical management as a high priority for public health in Nigeria and therefore provide support to the FMOH for activities aimed at strengthening the system